SUPPLIES OR SERVICES AND PRICE/COSTS

1. PURPOSE

The United States Agency for International Development (USAID/Caucasus) requires support for Sustaining Family Planning and Maternal and Child Health Services Project (Sustain) in Georgia to meet the critical MCH/FP needs, as detailed in the Statement of Work.

2. CONTRACT TYPE

This is either Cost-Plus-Fixed Fee (CPFF) or Firm Fixed Priced Task Order. Other direct costs will be considered as cost-reimbursable items. For the consideration set forth in the contract, the Contractor shall provide the deliverables or outputs described in Attachment 1 and comply with all contract requirements.

3. BUDGET

The Total Estimated Cost of this task order is $ 10, 5 million.

For Workdays Ordered	$ TBD
For Other Direct Costs	$ TBD
Ceiling Price	$ TBD

The contractor will not be paid any sum in excess of the ceiling price.

4. PAYMENT

The paying office is:

Office of Financial Management
USAID/Caucasus
11, George Balanchine Street
Tbilisi, 0131, Georgia

5. PERIOD OF PERFORMANCE

The period of performance is 5 years, to begin on the effective date stated in the Task Order, subject to the availability of funds.

6. KEY PERSONNEL

Key personnel are considered essential to the work being performed. The Contractor shall provide the following key personnel for the performance of this task order:

Chief of Party
Senior Technical Experts in FP, MCH

The personnel specified above are considered to be essential to the work being performed hereunder. Prior to replacing any of the specified individuals, the Contractor shall immediately

notify both the Contracting Officer and USAID COTR reasonably in advance and shall submit written justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. No replacement of key personnel shall be made by the Contractor without the written consent of the Contracting Officer.

7. AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this task order is 000 (US) and 110 (NIS).

8. PLACE OF PERFORMANCE

The Place of Performance under this Task Order is Georgia as specified in the Statement of Work.

9. AUTHORIZED WORK DAY/WEEK

The contractor is authorized a five-day workweek. No overtime or premium pay is authorized under this Task Order. A six-day workweek with no premium pay may be authorized by the Contracting Officer or COTR for specific tasks/individuals, on a case-by case basis.

ATTACHMENT 1 – DESCRIPTION / SPECIFICATIONS/STATEMENT OF WORK

Acronyms:

BCC	Behavior Change Communication
CoReform	Cooperation in Health Systems Transformation Project
FP	Family Planning
GOG	Government of Georgia
HESPA	Health and Social Protection Agency
HPV	Human Papilloma Virus
HWG	Healthy Women in Georgia Project
IEC	Information, Education, Communication Campaign
IUD	Intrauterine Device
MCH	Maternal and Child Health
MoLHSA	Ministry of Labor, Health, and Social Affairs
RH	Reproductive Health
UNFPA	United Nations Family Planning Association

1. BACKGROUND AND PROBLEM STATEMENT

1.1 Background

Prior to August 2008, Georgia enjoyed nine percent annual economic growth and exhibited promising movement on the slate of reforms. Nonetheless, in the aftermath of the conflict with Russia and the current economic crisis, Georgia faces significant and newly emerging tests ahead. The need to improve the country's health outcomes, and in particular maternal and child health (MCH), is especially critical. Like many of its neighbors, Georgia faces the possibility of steep demographic decline, which could upset long-term economic growth and threaten the provision of government services, just as the country seeks to end the dysfunction of its early post-Soviet period. In addition to steady out-migration, low fertility and lingering, preventable infant and maternal mortality contribute to population decline. The FY 2009 U.S. "Mission Strategic Plan" for Georgia recognizes the importance of an improved public health system to Georgia's continued success as a young democracy, dedicating U.S. agencies to help "increase access to affordable health services, while addressing infectious diseases and reproductive, maternal and child health…."[1]

Health Reforms

The Government of Georgia (GoG) has shown a willingness to make dramatic structural changes in the health sector. The 1997 law initiating the steady privatization of many state-sponsored health facilities is a bold measure to improve the quality of health care by closing run-down facilities and placing those that are still operational under private sector management. The GoG transferred ownership of 200 public hospitals earlier this year to private investors with the requirement that these investors build 70 new hospitals to replace the old, deteriorated facilities. The GoG plans to privatize most primary health clinics (PHC) by March 2009. However, the global economic crisis has placed great strain on the health care privatization process. Many of the new hospital owners report difficulty obtaining the capital needed to either build the required new hospitals or renovate and operate the old ones. In early November 2008, hospital investors threatened to exercise the force majeure clause of their contracts unless the Ministry of Economic Development granted them lengthy postponements of the construction requirements of their contracts. Postponements of 6 months to a year have been granted.

[1] "FY 2009 Mission Strategic Plan." U.S. Mission to Georgia, March 30, 2007

Another new development in health care delivery prior to August 2008, was the shift towards the private sector's provision of health care with the private sector becoming the dominate provider of health care services. One company, Aldagi BCI, accounts for 28% of the total insurance market in Georgia. This company offers higher end health insurance plan for $25 per month for private clients that covers FP/MCH services and breast cancer screening and owns four outpatient clinics in Tbilisi and Batumi and an in-patient clinic in Kutaisi. Despite Aldagi BCI's inclusion of FP/MCH services in their private plans none of the eight Georgian health insurance companies appears to have formal training or exposure to information about the benefits of family planning and improved maternity care and its effect on their bottom line.

Private Health Insurance

In August 2007, the GoG formally launched its health plan to cover poor and disadvantaged families through a health insurance voucher system covering a basic package of primary, secondary and tertiary care services which does not include pharmaceuticals at the primary level. At the outset, 200,000 eligible individuals in Imereti and Tbilisi were initially targeted in this program. In April 2008, the GoG (through decree #92) launched a nationwide expansion of the voucher scheme covering an additional 600,000 low income beneficiaries. The number of low income persons covered by this program has now reached 800,000. In the aftermath of the conflict with Russia, the GoG now plans to extend this program by an additional 130,000 recipients to provide IDPs with insurance from private insurers. In April 2008, the government also pledged to cover public school teachers (83,000 of which 70% are women), military (40,000), police (35,000 of which 70% are men) and penitentiary facilities' staff and prisoners (30,000), thereby adding approximately 188,000 new government employees to the voucher system by the end of 2008.

Georgia also has an estimated 250,000 workers voluntarily insured through private policies and 60,000 currently insured in Tbilisi under the Tbilisi City Hall insurance program and others insured under the Batumi municipal program for the poor.[2] People's Bank, one of the health insurance providers, now covering teachers, has only recently been engaged in the health insurance business but already has expanded nationwide as part of the GoG and municipal governments' voucher programs. The GoG's health voucher program represents 70% of People's Bank's health insurance business. In June 2008, People's Bank entered into an innovative new supplemental voucher program with the Tbilisi and Batumi municipalities to further expand coverage of low income beneficiaries using a screening and recipient scoring system developed by the Ministry of Labor and Health and Social Affairs (MoLHSA). [3] The total target population for the subsidized package nationwide will be approximately 1.2 million people, moving Georgia closer to universal health insurance coverage for those who lack other forms of private health care insurance.

While family planning is not included in the basic health care benefit package currently offered to the poor and other key target populations, antenatal care and obstetric care are included and the Minister of Health has indicated these benefits will be retained in the GoG's basic health benefit package and possibly expanded in the future. There are also signs that the evolving health insurance industry involved in the newly privatized health care system is actively looking for concrete ways to reduce health care costs, including reducing pregnancy and obstetric complications. This is an important step towards achieving greater GoG financial commitment to improved MCH services.

[2] July 2008 CoReform estimates

[3] August 2008 People's Bank Interview with USAID/Georgia

Family Planning / Maternal and Child Care

Unfortunately, in the area of family planning (FP) and MCH, Georgian doctors, nurses and other health workers still lack the expertise and funds to tackle the problem effectively. There is minimal formal pre-service training in FP and MCH for primary care physicians and the GoG does not have a full complement of FP and MCH programs which address prevention of abortions and post-partum and post-abortion care.

Georgia continues to struggle with recovery from the economic collapse brought about by the breakup of the Soviet Union. There are many competing priorities for scarce health resources. A sharp increase in non-communicable diseases and infectious diseases such as tuberculosis and HIV/AIDS in addition to preventable infant and maternal mortality compete for public sector funds. Despite the fact that Georgia is experiencing a decline in
birth rates and a looming demographic crisis fueled by out migration (5,000 people per year), the GOG has been slow to embrace child spacing as a means to improve birth outcomes.

The 2005 Reproductive Health Survey found Georgia has an unacceptably high ratio of 3.1 abortions per woman, which is amongst the highest in the former Soviet Union. A key feature of Georgia's abortion rates is that it rises significantly with each new pregnancy. Only one percent of first pregnancies end in abortions, while 28 percent of second pregnancies and 58 percent of third pregnancies end in abortion. Absent modern and effective FP and preventive treatment, health risks to mothers and children remain high. Maternal mortality is approximately 32 deaths per 100,000 live births, which is six times higher than in Western Europe. The neonatal mortality rate is three times higher than in the U.S. [4] The key target population for future family planning programs are women between the ages of 20-35.

While the data points to a continuing population problem, the situation has improved over the past six years with a decline in infant and maternal mortality over the last two years. It is not yet clear how the current crisis will effect migration and demographic patterns. While abortions are all too common, the proportion of abortions by pregnancy order seem to show that Georgian women desire small families of one or two children, but simply lack safer means to ensure that end.

Pharmaceutical Market

The Georgian pharmaceutical market is growing at a steady pace and the leading pharmaceutical companies are optimistic about future growth in this market. The two largest private pharmaceutical companies have an impressive existing infrastructure and capacity with retail outlets in all regions. They also maintain a large staff of detailers and medical and pharmacist trainers and locally manufacture and package a limited line of some 160 drugs and products which are registered and carry local branding. Both companies also carry a product line targeting women (feminine hygiene products) and therefore reach a key target population for family planning/maternal and child health products and messages. These two companies also export Georgian pharmaceuticals to Azerbaijan and Armenia and have expressed an interest in production of some contraceptive products locally. Contraceptive social marketing in Georgia could therefore potentially influence and increase the contraceptive market in neighboring countries.

[4] Ibid

Currently the average out-of-pocket per capita expenditure for pharmaceuticals is low at $40 per year and only private health insurance plans cover drugs.[5] In early 2008, the GoG piloted a one-time drug voucher program of 25 GEL per person in Tbilisi and other cities to cover essential drugs in pharmacies. This pilot however, has not been scaled up or extended. The lessons learned from this pilot could provide useful insights for a future social marketing program.

Compared to neighboring countries, Georgia enjoys a relatively short new product registration process and according to the two largest pharmaceutical chains, the introduction of medically approved products is not hampered. The leading pharmaceutical companies are not actively involved in social marketing programs for key life saving drugs, however, two of the leading pharmaceuticals companies consulted for this design, have a vested interested in the success of privatization as they currently own key health facilities. PSP currently owns Tbilisi Maternity Hospital #4 and therefore is interested in lowering the costs of deliveries and perinatal care for newborns, having already approached USAID's HWG technical assistance team for more information on cost savings achieved at other USAID/HWG assisted maternities. AVERSI is interested in partnering with USAID on a contraceptive social marketing program which would build demand for key products. AVERSI is engaged in other forms of corporate social responsibility programs including an existing program to help offset pharmaceutical costs for large families with over four children and subsidized cataract surgeries for the elderly. While the pharmacists and other retailers have not been systematically trained on all available contraceptive methods and their various benefits and side effects, the two companies consulted are keenly interested in participating in these types of educational opportunities and could quickly roll-out these types of educational programs nationwide through their own educators and its already scheduled annual medical and pharmacy conferences.

Major Challenges and Opportunities

The current minimum package of GoG subsidized health services for the poor lacks FP services. The minimum package is expected to change by next year and could go up from its current monthly per capita expenditure rate of 11 GEL per person to 15 GEL ($8 -$12) per person. The GOG's health voucher system also includes varying values for health vouchers, with teachers qualifying for 10 GEL/month in benefits while municipalities offer 14 GEL per month for those covered under those new plans. It is worth noting that no essential drugs are included in the voucher program, so consumers are required to make out of pocket expenditures for prescription drugs and all other pharmaceuticals and medical supplies.

Another key challenge is the way health insurance plans are formulated. Currently, there is inconsistent coverage of family members provided under private sector plans. This has created an opportunity for some insurance companies to fiercely compete for these additional uninsured clients, while also leaving many uninsured low income family members without coverage. While competition in the market place is a relatively new development in Georgia's health insurance industry, one of the top health insurance companies opted to drop out of the Government's health voucher system altogether (Aldagi BCI), concentrating instead on upper income clients. At the same time a few new health insurance companies like People's Bank are entering the market because they see this as a growth opportunity with potential future profits. Creating sufficient incentives through careful pricing is urgently needed to make this financially attractive and keep the more experienced insurance companies accessible to the poor.

A final challenge for work with the health insurance industry identified in the course of the design of this project is the paucity of trained insurance experts in the field with just two Georgian

[5] July 31, 2008 interview with Aversi, Georgia's largest pharmaceutical company

actuaries currently certified in-country and some insurance companies having no trained public health prevention staff whatsoever. Technical assistance for the health insurance industry on cost savings, risk analysis and the benefits of health prevention programs including the need for a health training staff is critically needed to improve both the efficiency and performance of new private sector partners.

Against this backdrop of challenges the GoG has remained open to technical assistance on its health reforms. Two concrete examples of this openness has been the encouragement given to donors to include donor-financed technical advisors and other health care advocates representing the public into the 2009 health care budget discussions, the inclusion of CoReform advisors in the design of contracts for health investors, new claims forms and tracking systems for health insurance companies participating in the voucher system, and CoReform and HWG advisors providing timely advice on the transition from public sector provision of care to privatized facilities being reimbursed for care. The GoG's interest in incorporating FP and new MCH information and standards into the existing medical and nursing school pre-service curricula is another positive development.
The health insurance association and two key health insurance companies (Aldagi BCI and Peoples Bank) have expressed a keen interest in working with USAID technical experts, training their staff, improving their knowledge of FP/MCH services, and cost containment achieved through disease prevention. These companies, through their clinics and network of clients, offer a new sustainable platform for the delivery of quality FP/MCH services.

Despite years of donor-financed family planning services, the GoG has not yet made any budget provision for contraceptives. Given the current budget climate, competing demands for health care benefits, and the cultural sensitivities to state-sponsored family planning, it is not anticipated during the life of this new project that the GoG will purchase public sector contraceptives. However, the Minister of Health has indicated his strong support for expanded distribution and marketing of modern commercial contraceptives or donated contraceptives sold by commercial pharmacies and kiosks in health facilities. Presently, minimal product-specific advertising of contraceptives is taking place despite the existence of a modern private pharmaceutical industry in all major cities and the availability of a small range of high quality, low-cost contraceptives.

With modern contraceptive use prevalence at only 27 percent, the main challenge in family planning is to build consumer demand for contraceptives and quality maternity services using the private sector's network and infrastructure. To sustain quality services, another important platform is to ensure that health providers, and the future generation of medical professionals receive formative training in family planning and modern maternity and perinatal care which counters widespread outdated provider bias to family planning and currently prevents the introduction of new more effective obstetric and perinatal care.

1.2 International Donor Support
USAID is the principal donor in family planning and maternal and child health (FP/MCH) activities in Georgia. United Nations Family Planning Association (UNFPA) is involved in clinical guidelines and protocols development for RH service delivery provision and distribution of contraceptive supplies and commodities to the Women's Consultation clinics – the specialized urban obstetrical and gynecological outpatient facilities. UNFPA also provides medical equipment supply, national capacity building for quality RH service delivery, and conducts IEC/BCC on reproductive health and rights. UNFPA implements reproductive health of Youth activity focused on policy and standards, youth friendly service delivery, and peer education. UNFPA supports prevention, diagnosis and treatment of reproductive system cancers. Together

with USAID, UNFPA co-funded two rounds of National Reproductive Health Surveys in1999 and 2005.

USAID supported FP/MCH programs have demonstrated to the public and health practitioners that FP saves lives and can improve birth outcomes. The GoG is currently involved in reforming primary health care and the state funded provision of essential public health services. HESPA, the parastatal in charge of financing and contracting for health services, has been involved in funding a nationwide voucher system used to reimburse health facilities for a range of services including four antenatal visits, starting from the 12th week of pregnancy, at 65 gel and the additional costs of a normal delivery and emergency obstetric care. Far more elusive has been convincing the GoG to commit funds for FP medical training and contraceptives. Thus far, the USAID-financed Cooperation in Health Systems Transformation (CoReform) Project provided assistance to the GoG to analyze laws, policies and services on reproductive health, highlighting gaps in the legislation, providing advice on implementing programs designed to improve FP and MCH.[6] CoReform staff also offered hands-on technical assistance to the RH Working Group of the National Reproductive Health Council chaired by the First Lady of Georgia. CoReform also recently supported the GoG to improve the existing contracts with Georgian private insurance companies for primary health care services offered to the poor including refining new data collection and claims processing systems.

In terms of FP/MCH services, the Healthy Women in Georgia (HWG) Program began in 2003, expanding from an initial three-year commitment to a six-year, $12 million project. As USAID's primary program in health service delivery in Georgia, it now involves over 400 family planning sites, 17 maternities, 90 youth-friendly pharmacists, 75 schools and 11 educational resource centers, covering more than 56 percent of the Georgian population and 65 percent of delivery facilities.[7] The project aims to improve MCH through in-service training for health care providers, including doctors, nurses and pharmacists in modern prenatal and FP services; social marketing of subsidized contraceptives; offering education programs for expectant parents; and improving the physical condition of delivery facilities.[8]

The September 2007 Internal Management Review of HWG found it "exceeded every health benchmark it established and has made important contributions to saving lives." It noted HWG helped improve contraceptive prevalence and birth outcomes in 60 percent of Georgia's births, while slashing abortion rates significantly where implemented, and winning plaudits from health care officials. HWG increased the use of modern contraceptives by 3 percent in pilot sites that had lower contraceptive prevalence rates than the national average.[9] The focus on preventive care appears to have reduced health costs overall as well. A 2007, HWG Cost Impact Study in two participating hospitals found that the average overall delivery cost following the introduction of new delivery and perinatal care interventions was 16.8% lower than in 2004 while the cost of a routine delivery went down by 25.2% during this same time period even after HIV testing was added to postpartum care. The decrease in costs was largely due to significant decreases in the use of unnecessary and often harmful drugs. Both the Internal Management Review and the Mission's later assessment of the MCH sector gave HWG high marks for improving services at the health facility level, demonstrating that a package of evidence based measures can make a significant difference in the quality of MCH care.

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[6] Ibid
[7] Ibid
[8] *Healthy Women in Georgia 2006: Scaling Up for Success*. Healthy Women in Georgia. 2007
[9] "September 2007 Internal Management Review of the Healthy Women in Georgia (HWIG) Activity (Cooperative Agreement 114-A-00-03-00157-00)." Brown, Betsy and Siribaldze, Tamara.

1.3 Problem Statement

Although CoReform and HWG have made laudable in-roads, more needs to be done to consolidate their gains, scale up the lessons learned through new dynamic public/private partnerships and improve FP and MCH in Georgia. In addition to continuing to scale up current successes, a greater emphasis on sustainability is necessary, allowing GoG and private sector actors to begin to take the lead in maintaining and improving FP and MCH donor-funded work. Political will on the part of the GoG required to make FP and MCH programs self-sustaining is still lacking, largely due to persistent misconceptions about FP's role in increasing fertility rather than further reducing it and perceived cultural sensitivities related to the Georgian Orthodox Church and family planning. Georgia's level of contraceptive security is "very low," according to the USAID MCH sector assessment, and the GoG will ultimately need to take the lead in helping Georgians below the poverty line make use of contraceptives and FP methods promoted in donor-funded initiatives.[10] In the midst of the transition to private sector health provision, the nascent health care industry including the pharmaceutical and health insurance companies still have had little formal training or education on the benefits of FP and better maternal health and effective perinatal care in reducing their costs and lack trained public health staff or experts in health insurance programs.

2. RELATIONS TO COUNTRY AND MISSION STRATEGY

Relationship to the US Mission Strategic Plan

Implementation of the activity will support achievement of the **Strategic Assistance Objective for Investing in People** and the **Assistance Goal of Improving the Delivery of Social Services** by disseminating quality maternity services and promoting the use of modern contraceptives which will save lives and improve birth outcomes.

Host Country Commitment

The Minister of Labor, Health and Social Affairs recognizes the utmost priority importance of improving reproductive health. Together with the First Lady of Georgia he co-chairs the National RH Council. Investing in quality reproductive health services directly contributes to the GoG's demographic objectives while reducing health care costs resulting from complications in pregnancy and delivery. The Minister has repeatedly stated his strong support for ongoing and planned USAID supported activities in this area.

Crosscutting Linkages

The project significantly supports and reinforces other key U.S.G strategic foreign policy objectives including:

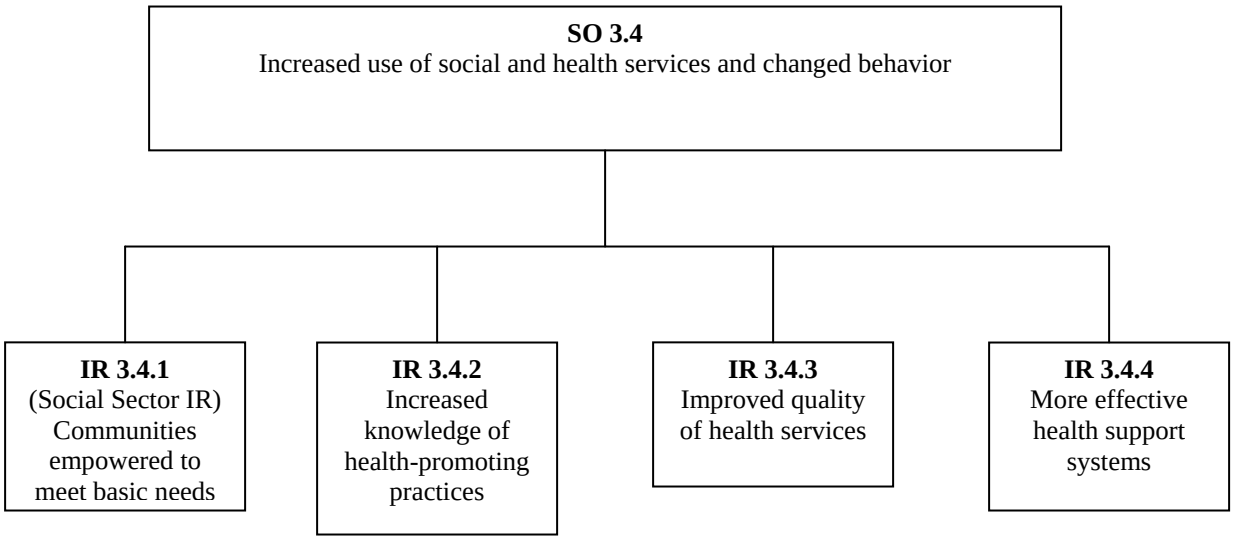
- Contributing to a positive long term impact on domestic demographic situation, and the health status of workforce;
- Reinforcing the USG Economic Growth Strategy by strengthening corporate social responsibility, building the market for commercial contraceptives and meeting unmet need by educating pharmacists and retailers and focusing on consumers;
- Reducing maternity and perinatal costs and improving the quality of care at private sector-led health facilities; and

[10] *Georgia Reproduction Health and Maternal and Child Health Sector Assessment.* Bryan, Paula and Senlet, Pinar. May 2008.

- Strengthening the efficiency MoLHSA health insurance voucher system by stretching scarce resources through reductions in mortality and morbidity.

2.3 Strategic Objective

Implementation of the Sustain in Georgia will significantly contribute to **IR 3.4.2. "Increased knowledge of health-promoting practices", IR 3.4.5 "Improved quality of health services"** which support USAID/Caucasus' **Strategic Objective 3.4 "Increased use of social and health services and changed behavior.**



2.4 Results Framework and Performance Evaluation Plan

The contractor's performance shall be evaluated based on the completion of specific tasks as outlined in the Task Order, adherence to the work plan, and reports submitted to the COTR. The project will contribute directly to USAID's Operational Plan Area for Health by supporting:

Program Element 3.1.6: Family Planning and Reproductive Health
- Sub-Element: Communication
- Sub-Element: Service Delivery
- Sub-Element: Policy Analysis & System Strengthening
- Sub-Element: Host Country Strategic Information Capacity

Program Element 3.1.7: Maternal and Child Health
- Sub-Element: Birth Preparedness and Maternity Services
- Sub-Element: Treatment of Obstetric Complications and Disabilities
- Sub-Element: Newborn Care and Treatment
- Sub-Element: Program Design and Learning

Proposed "F" structure indicators:

- Number of people that have seen or heard a specific USG-supported FP/RH message
- Couple years of protection (CYP) in USG-supported programs

- Number of women receiving Active management of the Third Stage of Labor (AMSTL) through USG-supported programs
- Number of newborns receiving essential newborn care through USG-supported programs
- Number of medical and para-medical practitioners trained in evidence-based clinical guidelines
- Number of people trained in maternal/newborn health through USG-supported programs
- Number of people trained in FP/RH with USG funds
- Number of special studies

3. PROJECT INTERVENTIONS AND EXPECTED RESULTS

The project will meet critical MCH/FP needs while laying the foundation for long-term, sustainable family planning and maternal and neonatal health programs in the private sector, including workplaces, and through private insurance industry plans, existing health clinics and planned health training units, while assuring continuous access to a broader range of contraceptive supplies in the private sector for the most vulnerable populations. All interventions proposed are expected to require 5 years for full implementation.

Objectives:

1. Launching new private sector led service delivery, health insurance and product specific social marketing models for FP/MCH services;

2. Building strong commercial sector distribution of contraceptives and public/ private sector partnerships to finance behavioral change communication campaigns;

3. Catalyzing the Georgian health insurance sector to become the vanguards of FP/MCH services; and,

4. Incorporating FP/RH modules and practicum into medical and nursing school curriculum.

Project Interventions:

Objective 1: Launching new private sector led service delivery, health insurance and product specific social marketing models for FP/MCH services: A core component of the new contraceptive security and sustainability project is the use of behavior change communication (BCC) and social marketing concepts to reduce risk behavior among Georgian couples and encourage the purchase of contraceptives at pharmacies and other outlets (kiosks). Up to three new major communications campaigns will be launched which complement services on the ground and in places where youth congregate. Campaigns with messages targeting married couples which are also suitable for youth will be rolled out on the health benefits of child spacing, two parent families with strong male involvement and the dangers and consequences of domestic violence and other harmful traditional practices, such as early marriage. Another campaign related to family planning saves lives will also be launched. The project envisions launching one to two new contraceptive products per year through commercial pharmacies and other retailers such as new implants, IUDs, the vaginal ring, and the Patch, a high quality commercial condom, the HPV vaccine which protects against the majority of forms of cervical cancer and other related feminine hygiene products to attract new users and expand contraceptive choice.

BCC and social marketing have been used throughout the world to create more favorable attitudes, market messages and products which change and influence social norms and specific

behaviors. The project will forge new partnerships with commercial pharmaceutical suppliers who will lower prices of key contraceptives products in return for product and category specific market research and advertising **and or sell** USAID donated contraceptives. The project will introduce into existing in-service pharmacists' training programs, regular contraceptive updates and counseling training for pharmacists, sales and detail personnel. The project will forge new partnerships between health insurance companies and the participating pharmaceutical companies to assure that social marketing products and costs savings programs, such as the effective perinatal care program developed and piloted in 52 facilities by HWG are promoted and available to the public at privatized health facilities.

The project will use evidence-based market research and socially acceptable message design, pre and post-testing through focus groups, to guide and frame all product-specific branding, educational and point of purchase materials, and advertising and promotional campaigns. Prevention and promotion activities under this project are expected to be carried out nationally with targeted regional campaigns tailored for specific ethnic groups. The social marketing products and campaigns will be rolled out and closely coordinated with the roll-out of the other project interventions related to advocacy, and service delivery at privatized health centers. By year two, the project may decide to brand all participating private health facilities that desire to deliver high quality services for couples. The project will seek to acquire WHO endorsement of the social marketing product line. This "stamp of approval" may draw consumers to the best health centers. There are a number of products or organizations which may want to be associated with a positive "couples campaign". Georgian businesses that cater to young couples or suppliers that market other consumer products may want to endorse or be endorsed by this project's social marketing campaigns. Tourism sector businesses including the large hotels, resorts and restaurants working with the USAID/Georgia vocational training centers, may be a good partner for this project. The project will set aside a small amount of resources to entertain these ideas which would need to be largely funded by the private sector companies representing these products. Ties-ins using materials or campaigns produced by the social marketing contractor will be available to advance these important public/private sector partnerships which have the potential to leverage additional resources, funding and new target audiences for family planning and maternal and child health products and messages. (Companies such as Johnson and Johnson and Procter and Gamble have participated in other neighboring countries)

Another core component is to educate the private health insurance industry on the immediate and longer term benefits of FP/MCH interventions. Working with HeSPA, and the Georgian Health Insurance Association technical assistance will be provided to carry out cost analyses on health benefit plans and training for health insurance risk analysts on the positive cost implications of MCH and FP prevention measures. The project will also make available to the health care industry the existing USAID-financed cost analyses on effective perinatal and maternity care which has been proven in several Georgian settings to lower health delivery costs. The health insurance sector appears eager to work with USG technical assistance to improve efficiency and quality of covered services and to better calculate costs. The SUSTAIN project will also forge linkages between the health insurance sector and the social marketing programs thereby assuring that insured clients are aware of and use the social marketing line of contraceptives and MCH products and specifically targeted by project financed promotion campaigns.

A third initiative is to develop and launch a media leaders partnership to mobilize the communications power of Georgian mass media and commercial marketing to prevent unwanted pregnancy, poorly timed and spaced births and harmful traditional practices such as early marriage and abduction. This initiative will work with Georgian and international media organizations already reaching the Georgian public to implement a national public awareness

campaign on both television and radio with population and maternal and child health messages. This coalition will develop and deliver public service messages, and population news stories which will be mainstreamed into existing new or entertainment programming, popular magazines and analytic journals and newspapers. This partnership will build and help foster corporate social responsibility in order to leverage free air time for these campaigns. The project will support technical assistance for journalist training, observational visits to Georgian and third country centers of excellence with model FP/RH programs, the design of soap operas and other popular programming to communicate key family planning and maternal and child health messages.

Objective 2: Building strong commercial sector distribution of contraceptives and public/ private sector partnerships to finance behavioral change communication campaigns: The GOG has largely relied on donors for its small but growing contraceptives supplies. In keeping with the GOG's intention of shifting the administration of health care to the private sector insurance sector, USAID will develop memoranda of understanding with private pharmaceutical suppliers on socially acceptable pricing for contraceptives and the use of USAID-donated contraceptives for commercial distribution and sales in a nationwide contraceptive social marketing program. Since the GOG has as yet no provision for pharmaceuticals in its basic health voucher plan and is only just now rolling out this plan, for the foreseeable future donor financed contraceptives will be needed at health facilities which do not yet have the voucher system in place and readily accessible in the nations retail pharmacies and outlets. USAID/Georgia will engage the MOH and parliamentary leaders in a discussion about the need to incorporate family planning services and medical and nursing education modules into future GOG budgets for health services and education. These discussions will also likely include UNFPA and the private pharmaceutical sector to assure that some income groups currently receiving free contraceptives, but able to pay, can purchase them from commercial pharmacies.

Objective 3: Catalyzing the Georgian health insurance sector to become the vanguards of FP/MCH services: This component includes two new elements: creating centers of excellence and masters trainers and strengthening the private insurance association's ability to promote the cost savings benefits of MCH/FP programs.

Creating Georgian centers of excellence and learning laboratories where best practices can be replicated in other parts of the country where new FP/MCH services have yet to be implemented, will be a key feature of this project. In the first generation HWG project regions, training of trainers (TOT) seminars will be held to create a core group of FP/MCH Georgian masters trainers amongst the Georgian professionals working on-site available to host a series of practicum for professionals practicing elsewhere in Georgia. These master trainers will also be invited to serve as guest lecturers at the State Medical University to infuse the FP/MCH pre-service training with real life experiences from the field. A key condition for becoming a center of excellence will be the center's agreement to assume full responsibility for the recurrent costs of the strengthened FP/MCH services which are currently supported by the HWG project. USAID-donated contraceptives may still be considered essential for these centers, but this will need to be reviewed on a case by case basis.

Since many of these facilities where the first generation of retrained MFP/MCH providers have now been privatized, lessons learned which will benefit other facilities who have yet to privatized will be gleaned and disseminated. The project will work with HESPA and other private companies such as Aldagi BCI (which runs their own clinics) to educate other facilities about the cost effectiveness of strengthening FP/MCH services. This project will also work with HESPA to assure that FP/MCH services are added into the minimum basic health benefit packages covered and offered under the GOG's new health benefits package in privatized facilities. HESPA will

also work directly with investors and health insurers to promote the costs savings the FP/MCH services generate.

Objective 4: Incorporating FP/RH modules and practicum into medical and nursing school curriculum: Work throughout the region on FP/MCH and other reproductive health care programs have shown that an absolutely critical feature to assure program continuity and greater public sector commitment is the integration of these programs into pre-service training faculties. Currently, 300 new medical students enter medical education programs annually while hundreds of nursing students and pharmacy students begin new courses of study each year. The SUSTAIN project will target this cohort of new students. USAID, through the Healthy Women in Georgia Project (HWG), has field tested and widely introduced at the facility level new evidence-based family planning and maternal and neonatal health modules for medical and nursing professionals. HWG currently works under a memorandum of understanding with Georgia's State's Medical University on the introduction of a post abortion care module and other key family planning concepts into pre-service medical and nursing curriculum. The post abortion care program will need to be reinforced under the SUSTAIN project as special attention needs to be placed on engaging providers in discussions at the outset of the careers about their attitudes towards post abortion care patients and assuring that all post abortion clients are released from the hospital with some form of birth control and education materials as these clients are at immediate risk of pregnancy but are often overlooked by the Soviet health system in place throughout the E&E region. The HWG trained professionals, who now have three years of applying these materials, are convinced that the program can and should be formally introduced into the medical and nursing school curricula to set new standards of care. The project will work with the Georgian Medical Association and continue work with the State Medical University to formally adopt this curricula and its field tested practicum at project sites where there is a track record of success (Imerehti, Kakheti and Kvemo Kartli). The project will also work to assure that FP/MCH modules are adopted into continuing medical education programs, pre-service nursing and pharmacist training courses.

Objective 1,2,3, and 4: Finance a final round of the Reproductive Health Survey in Partnership with the Ministry of Health in 2010 and assure that the MOH can carry this out independently in the out-years. USAID has made an important contribution over the years to building the knowledge base surrounding family planning and reproductive health choices and decision-making. Further institutionalizing the capacity to design and carry out this type of national evaluative research is absolutely critical to the shaping and measuring effective programs. USAID will set aside through this project $400,000 to provide technical assistance and material support to the MOH to design, launch, analyze and disseminate a survey in 2010.

4. Expected Results

Implementation of the activity will demonstrate to the public and health practitioners that FP saves lives and improves birth outcomes. The activity will increase demand or contraceptives and quality maternity services by partnering and utilizing the private sector as the engine for change through social marketing of subsidized contraceptives, social marketing of quality maternity care, and training of medical practitioners and students in family planning, modern maternity and perinatal care. The activity will lead to more efficient management of health services, higher productivity and quality, and better access to high quality health services.

Targets:

- Increase modern method contraceptive prevalence to **40 percent** by expanding access to services and contraceptives (current modern method prevalence is 27%)

- Decreased Maternal Mortality from 23/100,000 to 15/100,000
- Decreased Infant Mortality from 21/1000 to 16/1000
- **Three** new major nationwide communications campaigns with messages targeting married couples and youth on: 1) child spacing, 2) two parent families with strong male involvement and the dangers and consequences of domestic violence; and 3) family planning saves lives campaign.
- **One** to **two** new contraceptive products per year introduced through commercial pharmacies and other retailers. May include new oral contraceptives, implants, IUDs, the vaginal ring, and the Patch, a high quality commercial condom,
- **Three major** commercial pharmaceutical suppliers lower prices of key contraceptives products in return for product and category specific market research and advertising, and selling USAID donated contraceptives.
- At least one pharmaceutical supplier develops local own production of a contraceptive product.
- By year two **80%** of all participating private health facilities obtain WHO "stamp of approval" endorsing the social marketing product line and marking high quality services for couples.

5. OTHER CONTRACTOR REQUIREMENTS

Grants Under Contract. Small grants, in an amount not to exceed $100,000, are authorized in the Task Order to facilitate contractor support to NGOs and for-profit firms. These grants may be used to help support training and set-up of master trainers, activities in support of incorporation of MCH/FP into medical academy curriculum, social marketing activities, media and public outreach, or other activities the USAID mission may authorize in support of the program.

6. REPORTS AND DELIVERABLES OR OUTPUTS

The Contractor shall submit reports, deliverables or outputs as further described below. All reports and other deliverables shall be in the English language, unless otherwise specified by the COTR:

(a) Monthly Reports: The Contractor shall provide to the COTR, within 5 days after the end of each month, a report on the activities undertaken during the month. The monthly report should seek to be a brief yet precise, description of the activities, with emphasis on issues that have arisen, impacts made, constraints encountered, and suggestions for additional actions that might be taken. The monthly report should also include the Contractor's accrued monthly expenditures. The COTR is responsible for transmitting this information to the USAID financial management office responsible for the contract.

(b) Annual Work plans: Annual Work plans shall be required of the Contractor that will detail the work to be accomplished during the upcoming year. The scope and format of the Annual Workplan will be agreed to between the Contractor and the COTR during the first thirty days after the award of the contract. These Annual Work plans may be revised on an occasional basis, as needed, to reflect changes on the ground and with the concurrence of the COTR.

The first Annual Workplan shall be submitted within 30 days of award of the contract. The workplan should include the estimated monthly funding requirements during the upcoming year of program implementation, necessary to meet all program objectives within the contract. USAID will respond to the workplan within ten calendar days.

(c) Final Report: The Contractor shall prepare a final report that matches accomplishments to the specific paragraphs of the Scope of Work. The final report will be drafted to allow for incremental improvements in the process, both generally within USAID and specifically with respect to this contract.

----------End of Attachment 1 ----------